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From: Neil R. Jetter

Date: 3/16/06

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Fax Number: (571) 273-8300

Examiner: Lawrence, Frank M.
Patent No.: 7,005,073 B2
Serial No.: 10/777,259
Inventors: CRISALLE *et al.*
Docket No.: 5853-418

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- * Transmittal Form (1 page)
- * Fee Transmittal Form (1 page)
- * Petition to Correct Order of Inventorship (2 pages)
- * This Fax Cover Sheet (1 page)

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Client/Matter No: 24833/110345Equitrac ID: 8543/NRJ

{WP292856,1}

MAR 16 2006

PTO/SB/21 (08-04)

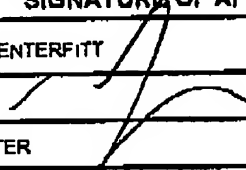
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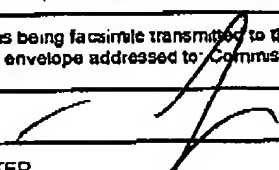
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/777,259
	Filing Date	February 12, 2004
	First Named Inventor	CRISALLE et al.
	Art Unit	1724
	Examiner Name	Lawrence, Frank M.
Total Number of Pages in This Submission	Attorney Docket Number	5853-418

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below). Fax Cover Sheet
Remarks The Commissioner is authorized to charge \$130.00 and any fee deficiencies to Deposit Account No 50-0951		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	AKERMAN SENTERFITT		
Signature			
Printed name	NEIL R. JETTER		
Date	3/16/06	Reg. No	46,803

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Typed or printed name	NEIL R. JETTER	Date	3/16/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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Effective on 12/08/2004
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)**FEE TRANSMITTAL**
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$): 130.00

Complete if Known

Application Number	10/777,259
Filing Date	February 12, 2004
First Named Inventor	CRISALLE et al
Examiner Name	Lawrence, Frank M
Art Unit	1724
Attorney Docket No.	5853-418

METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: 50-0881 Deposit Account Name: AKERMAN SENTERFITT

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 or HP = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If this specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition Fee (\$130.00)

\$130.00

SUBMITTED BY

Signature

Name (Print/Type) Neil R. Jetter

Registration No. 46,803
(Attorney/Agent)

Telephone 561-653-5000

Date

This collection of information is required by 37 CFR 1.186. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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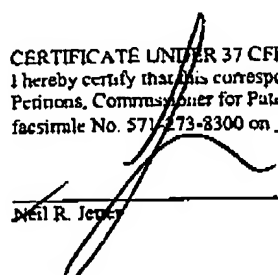
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAR. 16 2006

In re: Patent of: CRISALLE *et al.*Patent No.: 7,005,073 B2
Issue Date: February 28, 2006

Examiner: Lawrence, Frank M.

Group: 1724

Application No.: 10/777,259
Date Filed: February 12, 2004For: **RESIDUAL WASTEWATER CHLORINE CONCENTRATION CONTROL
USING A DYNAMIC WEIR**CERTIFICATE UNDER 37 CFR 1.8(a)
I hereby certify that this correspondence addressed to Mail Stop
Petitions, Commissioner for Patents is being transmitted via
facsimile No. 571-273-8300 on 3/16/06
Neil R. Jeter Reg. No. 46,803**PETITION TO CORRECT INVENTORSHIP UNDER 37 C.F.R. §1.182**Via Facsimile No. 571-273-8300Mail Stop Petitions
COMMISSIONER FOR PATENTS
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants respectfully request that the order of inventorship in the above-referenced
patent be corrected as follows:

- 1) Oscar Dardo Crisalle, Gainesville, FL (US)
- 2) Christopher Edward Meredith, Gainesville, FL (US)

{WP292852;1}

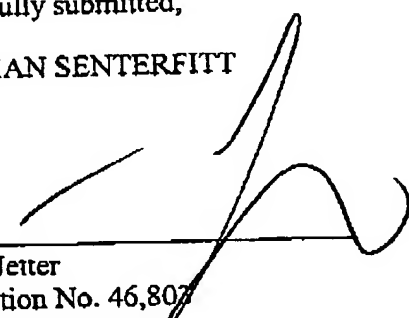
1077253
03/20/2006 ZJUHHR1 00000025 500951
01 FC:1464 130.00 DA

The Petition fee of \$130.00 pursuant to 37 C.F.R. §1.20(b) is authorized to be charged to Deposit Account No. 50-0951. No additional fees are believed due, however the Commissioner is authorized to charge any fee deficiencies or credit any overpayment to Deposit Account No 50-0951.

Respectfully submitted,

AKERMAN SENTERFITT

Date: 3/16/06



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Tel: 561-653-5000

Docket No. 5853-418

{WP292852,1}